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*SOME ASPECTS OF MEDICAL EDUCATION.**

THIS association has been, should be, and we trust will be the storm center of legislation for reform in medical education. Since the memorable editorials of Wood in the old *Philadelphia Times*, and the masterly papers and addresses of Pepper and the practical action of the University of Pennsylvania there has been virile progress. In most respects it seems definitely settled as to the course of education a candidate for the degree of medicine should take. Questions of pedagogy are still debatable, but we take it that that student who wishes the quickest returns, the most lasting remuneration, perennial stimulation of the intellect and continuous enjoyment in the pursuit of his labors, should take a college education of three or four years, a four years' course in medicine and, if possible, a hospital internship.

Reference need only be made to the reports to this association, to the famous report of the majority committee of the Association of American Medical Colleges, to the numbers of the *Journal of the American Medical Association*, comprehensively devoted to education, and to many recent admirable addresses in support of the statements.

There is talk about maximum and minimum requirements, about laboratory and hospital courses, the merits of didactic

* Concluding part of president's address at the fifty-fifth annual session of the American Medical Association.

and clinical teaching—a mass of material brought forth from the viewpoint of the educator, or looking to the welfare of the medical profession. We do not minimize the value of such lines of discussion. It has brought us to the position we have attained. But what of the medical student? Should we not look at education from his point of view? Is he quite able to decide whether he should take up the profession of medicine? We hold that a great duty is due the aspirant for medical honors from teacher and practitioner. It is a kindness due him to point out the best methods of securing such education as will yield him results commensurate with the time and expense required. It would be a greater kindness to be enabled to show him that by reason of intellectual temperament or of physical or moral qualities he is not likely to reap the rewards he is anticipating.

The large majority of medical students do not have a good reason for studying medicine. They are ignorant of the mental and physical demands made on them. They are attracted by an uncertain glamor and a specious glory, and heedlessly they go in. The failure of a large percentage of graduates in medicine to acquire more than a bare existence, and too often not even that, proves that they were not educated properly, not fitted temperamentally nor physically, to pursue its duties. Should they not have opportunity for learning of the responsibilities and difficulties, rather than to have the brighter phases glorified? Would it not be well to have in our college curriculum a course of lectures for the student who contemplates entering a profession, pointing out the rocks and shoals in his prospective career? An eminent practitioner, not connected with medical schools, would light up and darken the pathway in due proportions. Then, too, should not, as in the army and navy, some physical tests be required? The trophy is

to the robust, and sad will be the career of the man who is physically handicapped.

If there were any doubt about the value of a college degree to a man entering the medical profession it could be set at naught since the report of the Mosely Education Commission. Quotations like the following, while not pertaining to medicine alone, the result of extensive inquiry and mature deliberation, supported by the statistics they give, uphold the contention of a large employer, that 'for 99 per cent. of the non-university men, it is hopeless to expect to get to the top.' One opinion they express is that "there is still room for the boy of marked ability 'to come through,' but that his difficulties are greatly increasing, and that, useful as he is, his usefulness would have been greatly enhanced had he had the benefit of a college training." Still another commissioner reports that while only '1 per cent. of the entire population of America has received a higher education in her colleges and universities, this 1 per cent. holds more than 40 per cent. of all positions of confidence, of trust and of profit.' It is well known that the 'geist' of the individual brings success, for which they say "it is recognized that the educated man takes in a wide horizon and puts more 'soul' into his work."

The essential of success in any department is diagnosis, which requires powers of intellectual penetration and discrimination. President Thwing has again forcefully urged that 'reasoning of the mathematics—and mathematics is only reasoning—tends to promote *clearness* and *accuracy in perception*, *inevitableness in inference*, a sense of logical *orderliness*. The study of the languages represents the element of *interpretation*. The study of history means the interpretation of life.' Are these not the main studies of a college education? While they may promote scholarship, they surely cultivate thought. It

need scarcely be pointed out to this audience that to be a thinker is the salvation of the physician.

To the plea that the acquirement of a college degree takes up too much time and requires too much money, the material answer can be given from other sources to the effect that 'the men whom you are surprised to find holding such important positions in factories, though not much over thirty years, are the very men who did not leave the technical college till they were twenty-three or twenty-four; the graduate may have been twenty-five before he donned a jumper, but in five years he learned more with the college training he had as a foundation than the regular journeyman of fifteen years of actual work in the shop.' The experience of teachers who have watched the alumni agrees in that the college graduates get quick returns and soon acquire a position of independence.

The poor boy, therefore, need not be deterred, for if he has the spirit and energy to work his way through four years, two years or three years more will be but very little in the final summing up. If the student only knew that the purchase of the best education, whether reckoned in time or money, was the most economical investment, in that as to the former, a thorough education at first is time-saving in later years, and as to the latter, the money outlay is returned more quickly, in more immediate work and larger pay.

There should be one educational requirement—the equivalent of that for which a first-class college degree stands, whether received at a high school or university.

After entering the medical school with, it is presumed, the proper educational attainments, his career the first year should be closely watched. That school has too many students if it does not have enough instructors in the first year to be able to judge with a reasonable degree of accuracy

of the character and moral stability of the men. This is not to be taken in a prudish sense or with too critical a scrutiny of habits which are the overflow of the animal spirits or the expiring exuberance of the boy approaching manhood. This can be said, that a student who does not play fair in his exercises, who cheats in one demonstration or evades another, who does not show manliness, frankness and truthfulness in his first-year duties, will not be a good diagnostician. He will cheat himself; he will cheat his patient. The teachers of the first year, or at least the second, should know this and block the student there and then. It would be a kindness. Let us then agitate whether we should not have a certificate of manliness, a certificate of health as well as a certificate of mental proficiency, before we admit students to our medical schools or permit them to go beyond the first year. Let us not be decoys, alluring them on to later destruction, but rather be guardians, wrapping the strong arm of experience about them to lead them, to the fitting pathway.

Having permitted the student to pass further in his pursuits, we still owe him much. We must see to it that such course is given him the first two years of his student career that he will acquire such fondness for the science of medicine, such reverence for the exploration of its truths, that until his dying day devotion to it will be his stimulus and solace. As a corollary, we must insist that medical schools secure the best men in the market for these places and pay them salaries commensurate with their ability—good living salaries.

It is in the first and second years of his career that the foundations are laid whereby the student becomes the medical thinker. To quote again: "The power of thinking should not be of a base and barren character. The thinking should represent and be concerned with a fine and rich content of

knowledge. It should have the exactness of intellectual discrimination; it should have the fullness of noble scholarship; it should embody a culture which is at once emotional and esthetic and ethical, as well as intellectual."

That a desire to relieve suffering, to extend sympathy, to save life, is the impulse of the physician, we all admit, but where is the man among us who will not also admit that a scientific habit more quickly brings it about and more surely sustains and fortifies the humane instinct through the trials and tribulations of exacting practice? That prosecution of professional duties soon becomes commercial that does not have for its basis a true spirit of scientific inquiry. How miserable must that life be which conducts an exacting, drudging, daily routine with only material reward in view. Few are the practitioners who have this sordid view; we can be as sure medicine would soon be forsaken if this viewpoint alone were considered. Hence in the laboratory of the first two years must be aroused and fostered the stimulus for life-work.

The final years should be clinical years, and the last should be in a hospital. The medical school that allows its students to think such opportunity is not due them is most unfair to them. As our schools are now constituted, most of them can not give such requirements. The students should know, however, such requirement is necessary. What has been said regarding the preliminary college education applies equally forcefully to the hospital training. He is thrice armed who enters the arena thus equipped. Medical schools that can not give such education are cruelly unkind and unjust to the students by having them think it is not essential. Medical colleges that pass off a hospital training for one that is not truly such fake their students. The student who pays well for his training has

the right to demand such as to fit him for immediate action.

It is not the fault of the medical school alone that he can not get it. The public that cries out when there is mistake in diagnosis, fault in treatment, and that shakes its head at the deficient education of our students, must share the blame with the medical school. The public admits that its individual members may at any moment almost be at the mercy of a half-educated physician. It is not necessary to recount, for it is well known, how on land or sea, by day or night, some event may arise in an individual life, the care of which may mean life or death. Even with this knowledge they withhold means to relieve themselves. They admit the necessity of a hospital training. But they, and particularly the public in control of hospitals not used for teaching, say each medical college should have its teaching hospital. They do not appreciate that to give an education which involves a hospital course would require an expenditure of \$500 a year for four years by each student. It has been estimated that the cost of maintaining a plant and paying salaries sufficiently large to accommodate 600 students would require the above outlay by each student. Unfortunately, it is impossible to expect students to pay such figures, as it would render entrance into the profession almost prohibitive. It is manifestly impossible, as medical schools are constituted now, to educate all the students of the land properly. Hospital training can not be given except by a few favored institutions, because the doors of hospitals are closed either by the governing body of the hospital or by the teachers in the medical schools.

We believe, personally, if a decree should be issued that no medical school, including its hospital, should exist except on the fees derived from students, but little hardship would follow. The lessened supply of stu-

dents would increase the demands on the practitioner, so that larger returns would follow. The poor student would sacrifice and strive to get a degree, knowing then he had a good asset. A diminution in number and an increase in quality is demanded alike by the public and the profession. Such diminution in number would mean that the student would get back his investment quicker and in larger amount than at present, hence good men would be attracted. If we could abolish sentiment for sense and educate accordingly, there might be betterment all around. As it is now, medical students receive part of their education through the bounty of the state or the charity of the public, as such education can only be given in endowed institutions. The public is taxed so that the prospective physician can make a living. Is it right that it should be? Perhaps a mechanic should demand such right to make his son a good workman. We must all admit it is the duty of the state to educate the youth, so that good citizenship is maintained; we can question whether the state should educate the members to obtain a livelihood.

With the same indifference that the public views an epidemic's march they allow hospitals that are engaged in teaching to suffer for the want of funds. Moreover, they close their doors to the advent of teaching in the hospitals under their control. We must admit those who do not appreciate the true function of a hospital have some ground for their contention. Ruled by sentiment chiefly, unfortunately an impracticable master, they sympathize with the patient who still harbors the belief of old that the medical student is one of a class that prowl about not unlike harpies. The public does not realize the difference in the student of to-day and the student of tradition. We can not hold to account the governing body of the hospital who has the point of view that it is harmful to a

sick person to have them under the surveillance of an alleged student rabble. We must admit some patients become alarmed, particularly in institutions where they know they will have the sympathy of the governing body. An analysis of motive will show that the usual patient who will not allow a judicious amount of clinical demonstration when the sense of delicacy is not offended, is truly selfish, in that there is prevented that increase of knowledge and development of skill whereby suffering of others may be alleviated. A little encouragement from the officials would allay alarm on the part of the patient. The desire to help others is infectious, and when one yields in a ward, others vie in the work.

The truth of the matter is that in hospitals in which teaching is carried on, rarely, if ever, do the patients complain. Indeed, it is the experience of those teaching institutions that judiciously conducted instruction is appreciated by the patient. In one hospital we might name most of the inmates are pay patients, giving \$7 a week willingly, because they know they are buying the services of the best practitioners in the land—the teachers of medicine—which service they could not get at tenfold the figure. The fact that teaching hospitals are overcrowded, not by the poor alone, but by people independent of charity, shows that clinical instruction is not a bugbear. If the governing boards would know that while a few patients might be alarmed, on the whole most of them would be gratified by the attention paid them, and their sense of rectitude and manliness appealed to by the satisfaction that they are doing some good in enlightening students, so that others could be relieved; that their administration would be stimulated to do work beyond criticism; that the nurses would be aroused to better activity while under the observation of those not connected with the hospital; that the internes would do their

very best to have most complete studies of the case, and finally, that the chief in attendance, compelled to do his best at the risk of his reputation, they would gladly open their doors, even at the discomfort of the few, but to the advantage of the many. In short, the hospital should have teaching not to oblige the medical school, but for its own survival and regeneration. The benefits the student derives by the object lesson of an orderly hospital can not be estimated. Will not every member of a hospital board admit that his own character, his own sympathies, have been benefited by his connection with the hospital, even though, perhaps, he has not the advantage of an impressionable age? Can he not see, therefore, how the youthful student can be influenced in thought and character and feeling? He can not lightly toss aside this responsibility, nor even hide it by putting the onus of medical education on the teaching hospital. Every dollar endowing a non-teaching hospital robs the teaching hospital which is engaged in this larger duty.

It is true a class who are compelled to have hospital attention may not sympathize with this feeling. How can we obtain the confidence of this class? Let us organize such association of prominent people in our teaching centers who will agree to have any operation, any feature of disease witnessed by medical students, at the judgment of their attending physician. It would be well if the individuals of such an organization would agree, first, to undergo hospital treatment; second, to be the object of observation by students; third, to have an autopsy performed in case of untimely end. Such association would rob hospitals of their terror and teaching of its dread. No one can deny that on the whole the public would be benefited from whatsoever point of view we look at it. Indeed, the public ought to learn that disease is an enemy to themselves and their country. Just as we

make sacrifices in time of national warfare, so we should be willing to make sacrifices in the daily battle for life. Just as aristocrat and plebeian, landlord and tenant, fight side by side in the former, so they should array in solid phalanx in the latter.

But there are hospitals willing to admit students, and yet the privilege is not availed of. This arises because the teaching force of the medical college is not willing to sink its personality and allow the student to go wheresoever he will for his instruction. Courage and some sacrifice is required perhaps. But, when one thinks of the mighty opportunity and the frightful waste, it is saddening. Every hospital should be a school. The fourth year should be so arranged that the student could avail himself of the advantages of hospitals in the immediate vicinity. Let each teaching body have the student understand what he must see and do, and trust you the true student will see it at the best place and with the best men. He must be accountable, of course, with a rigidity that means the exact acquirement of knowledge. To this end the first two years could be well spent in the properly equipped laboratory university, whether in town or country, the third in the authorized hospital of the school, the fourth in extramural hospital work.

Is it not anomalous that the hospital boards give to the nurses who are to act as aids to the physician the highest opportunities, and yet deny it to those who are to give orders to the nurses? This, of course, arises because training schools are the product of modern thought and have not been trammelled by tradition.

But all this talk of the primary education avails but little if we do not see to it ourselves that education is continuous; that from the day of our graduation, forwards, we do naught but toil, toil, toil. It should go without saying, as a mere business proposition, that unless we unceasingly

labor but little of the fruits do we pluck. It is demonstrated in a practical manner, for when we look about us and find the methods of those of our brethren whose labors are not in vain each one bears the scent of midnight oil.

The development of post-graduate schools, the growth of libraries, the groans of the printing press, the enthusiasm of medical societies, all testify to the spirit of persistent self-education that is abroad. It is not for me to urge further the importance of each of us taking from time to time months for study and reflection. Every active doctor should have his sabbatical year. We dare say, extended observations would uphold that in income a gain is one hundredfold for each dollar invested in educational outings, and for every hour thus employed, ten is added to life. To finance a medical man from first to last successfully, we dare say spend all net earnings of the first five years on self-education; 25 per cent. of each five years for further education; after ten years, 10 per cent. of the annual net earnings for an assistant, continuing the 25 per cent. investment each five years. Health, happiness, increased usefulness to the community—a success which never comes from eccentricity, equal to doubling capital every ten years, would follow. To this must be added the great mental satisfaction of a more clairvoyant vision in the prosecution of his daily duties, the inspiration that comes from the doing of things, the stimulation that arises from the solving of problems.

In the course of our work it is necessary for us to halt from time to time and review. Few of us are they who will not find as our days grow fuller an unconscious tendency to slight our work, to become slipshod, to hurry over matters. It is partly an evidence of overwork. The post-graduate school is the salvation. No obstacle can withstand the continuity of drill, which the

earnest of us keep in action. If, to continue the imposition, asked what element of character is perhaps lacking to the greatest detriment to the profession and public, we possibly, one and all, would say courage. This is seen in the hesitancy which members of the profession show in giving an opinion, in advising an operation and in asking for an autopsy. How much confidence is destroyed by the want of free, frank avowal of the physician that he does not know on the one hand, or of clear, precise statement of his judgment concerning a case on the other! The greatest success in life is confidence. How many lives are lost by the worker in internal medicine not advising early and unequivocally an operation for fear he might be wrong in his diagnosis! And how many more are lost because the surgeon lacks courage to do, either because he fears the patient may die and his record be marred, or because he may operate when it is not necessary! We must admit we have had some operations done when they were not required, but let it be said to the credit of modern surgery, we have never seen an operation of such character performed by the right man that did any harm to the patient. On the other hand, the resort to operative procedures early, and in cases that even yet are not considered of surgical relief, has saved lives and lessened suffering to a degree that far overbalances the now and then futile measure. It may be assumed, without contradiction, that every case of bad appendicitis that happens to get well without surgical relief has in its wake three to five that die for the want of an operation. In other words, the pernicious influence of a surgical case that recovers without operation is evident in creating the hope that other cases demanding operation might get well without it.

And the man who does not want an autopsy—not only the centers of courage need

stimulation, but too often the entire medical storehouse needs refitting. Something, best known to the physician himself, we trust, is lacking in the one who treats an obscure case for a day, six days, six weeks, and then does not want an autopsy. If true to himself, true to the demands of his profession, courage will not fail him. In our mental and physical round-up, we must see to it that courage is given a new backbone from time to time.

But, fellow members of the association, not alone as members of this organization may we indulge in self-congratulation, but as members of a profession whose limitation knows no bounds, we may join in felicitation. Neither language, nor creed, nor country fetters our profession's munificent sway. The thoughts of Ehrlich in Frankfurt, of our own Welch or Councilman, of Kitasato in Japan, are correlated. The knife of Mayo in America, of Robson in London, of Kocher in Berne contributes to the relief of suffering in far Cathay. The founts of Lister's genius and Pasteur's divine inspiration bring countless blessings to England, to India, to France and to Africa. What a stimulus it is to realize that, howsoever small the contribution of the humblest of us may be, its impulse will be felt in climes near and far and ages present and remote! What awe can not but overtake us when we consider each heart throb we study entwines us to Harvey of two centuries ago; with every percussion tone reverberates the sound of Laennec's voice of a century; with each vaccine inoculation, the simple observation and reasoning of Jenner to stimulate our question and deductions!

We rejoice together and cherish our history, by the warp and woof of which we are woven to the past. What heritage for us and our children! Dead must be the soul that wearies of communion with the spirits of the past; deep must be its slumber on

which falls the thought of centuries; lethargic its activities that are aroused not by the deeds of heroic men! "Honor and fortune exist to him who always recognizes the neighborhood of the great, always feels himself in the presence of high causes." We worship together our science, devotion to which brings forth character, smotheres egotism, levels pretension, drives out solitude, develops such loftiness of thought which can see that 'against all appearances the nature of things works for truth and right forever.' Of our art, let us see to it that when the final summons comes it can be said of us, "Greater love hath no man than this, that a man lay down his life for his friends."

JOHN H. MUSSER.

PHILADELPHIA, PA.

NATHAN SMITH DAVIS.

It is the sad duty of this academy to chronicle the death of its oldest member, one of its founders, who during the more active years of his life was one of its ardent workers. Dr. Nathan Smith Davis left this life on June 16, 1904. In his last illness he fully realized the coming change, which he foretold beautifully in one short sentence, 'I am going home.'

Dr. Davis lived a long, active and useful life. He was a man of supreme earnestness and seriousness; of great force of mind and strength of character; of high ideals and simple tastes.

His intense and lifelong sustained motive—or inspiration—to accomplish thoroughly the many useful ends to which he devoted his wonderful activity, left scarcely time for recreation. It left no time or thought for indulgence. His life was too full of purpose to lend much of its strength to self-gratification, nor was there much temptation in his well-ordered course. His chief pleasure was the satisfaction of useful accomplishment, and he found his